

Item #	AZ Forms Produced (400-00-1025)
1	AZ 140
2	AZ Schedule A
3	AZ 221
4	AZ 301
5	AZ 310
6	AZ 321
7	AZ 322
8	AZ 323
9	AZ 8453
10	AZ 140V
11	AZ Worksheet (Line 24 & 25) (Not Transmitted)

Item #	Changes to Federal Pats Test
1	Federal TP SSN to 400-00-7525
2	City from Atlanta to Fort Mohave
3	State from GA to AZ
4	Zip Code from 30301 to 86426
5	County from Fulton to Mohave
6	Daytime Phone from 404-555-1020 to 928-555-1020
7	<b>Dependent information</b> SSN 400-55-3025 to 400-55-7599
8	<b>Federal Interest:</b> Convert Myplace to Other State Municipal Interest Convert Municipal Int to Other State Municipal Interest Convert PAB to Other State Municipal Interest Convert Nowbank resident state interest to US Government Interest Change amount for Middle Union from \$2,575 to \$12,575
9	<b>AZ 140</b> Clean Elections Fund Tax Reduction checked Overpayment applied from prior year \$128
17	<b>AZ Schedule A</b> Contributions you are taking a credit for \$300
11	<b>AZ 221</b> Prior Years Tax: \$1,300
12	<b>AZ 310</b> 1. Street Address: 121 Torch Street City, State, Zip: Fort Mohave, AZ 86426 2. Cost of device: \$500
13	<b>AZ 321</b> Name: CFWP of Tuscon Contribution: \$100 Baseline year: 1997 Contributions deducted as itemized deduction: \$3,000
14	<b>AZ 322</b> Name: BullHead City High Street Address: 1259 Anderson Drive City, State, Zip: Fort Mohave, AZ 86426 School District: Mohave Contribution: \$100
15	<b>AZ 323</b> Name: AZ Tuition Organization Street Address: 1300 Education Drive City, State, Zip: Tuscon, AZ 85701 Contribution: \$100

Or fiscal year beginning 2004 and ending

2005.

66

YOUR FIRST NAME AND INITIAL

LAST NAME

YOUR SOCIAL SECURITY NO.

1 TEST O OLYMPICS

400-00-7525

IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL

LAST NAME

SPOUSE'S SOCIAL SECURITY NO.

1

PRESENT HOME ADDRESS-NUMBER AND STREET, RURAL ROUTE

APT. NO.

DAYTIME PHONE: 928-555-1020

89 X

2 121 TORCH ST

94 HOME PHONE:

CITY, TOWN OR POST OFFICE

STATE

ZIP CODE

3 FORT MOHAVE, AZ 86426

FOR DOR USE ONLY

F  
i  
l  
i  
n  
g  
s

4

Married filing joint return

5

X Head of household - name of qualifying child or dependent: WENDY OLYMPICS

6

Married filing separate return. Enter spouse's Social Security Number above and full name here. ▶

88

7

Single

E  
t  
i  
o  
n  
p  
s

8

00 Age 65 or over (you and/or spouse)

81

80

9

00 Enter the number claimed. Do not put a check mark.

10

01 Dependents. From page 2, line A2 - do not include self or spouse.

82

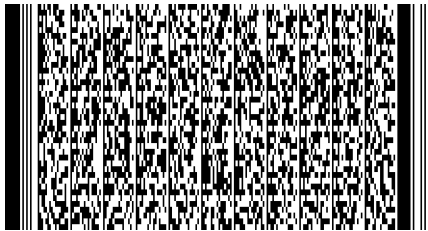
CHECK ONE if filing under an extension:

4 month extension 82D ☐6 month extension 82F ☐

11

00 Qualifying parents and ancestors of your parents. From page 2, line A5.

THIS BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM YOUR RETURN



12 Federal adjusted gross income 12 81,913.00

13 Additions to income (from page 2, line B13) 13 35,699.00

14 Add lines 12 and 13 14 117,612.00

15 (This line not used.)

16 Subtractions. No. from line C27a: 16 10,100.00

17 Arizona AGI. Line 14 minus line 16 17 107,512.00

18 18X ITEMIZED 18S STANDARD 18 39,065.00

19 Personal exemptions 19 4,200.00

20 AZ taxable inc. Line 17 minus lines 18 &amp; 19 20 64,247.00

21 Compute tax. Use line 20 &amp; proper tax table 21 2,067.00

22 Tax from recapture of credits 22 .00

23 Subtotal of tax. Add lines 21 and 22 23 2,067.00

24 - 25 Clean Elections Fund Tax Reduction.

24 1X YOURSELF 24 2 SPOUSE 25 5.00

26 Reduced tax. Subtract line 25 from line 23 26 2,062.00

27 Family income tax credit from worksheet on page 14 of instructions 27 .00

28 Credits from Arizona Form 301, line 58, or Forms 310, 321, 322, and 323 if Form 301 is not required 28 425.00

29 Credit type. Enter form number of each credit claimed: 29 310 321 322 323

30 Clean Elections Fund Tax Credit. From worksheet on page 16 of the instructions 30 .00

31 Balance of tax. Subtract lines 27, 28 and 30 from line 26. If the sum of lines 27, 28 and 30 is more than line 26, enter zero 31 1,637.00

32 Arizona income tax withheld during 2004 32 .00

33 Arizona estimated tax payments for 2004 33 128.00

34 Amount paid with 2004 Arizona extension request (Form 204) 34 .00

35 Increased Excise Tax Credit from worksheet on page 17 of the instructions 35 .00

36 Property Tax Credit from Form 140PTC 36 .00

37 Other refundable credits. Check box(es) &amp; enter amount(s): 37A1 329 37A2 330 37 .00

38 Total payments/refundable credits. Add lines 32 through 37. 38 128.00

39 TAX DUE. If line 31 is larger than line 38, subtract line 38 from line 31 and enter amount of tax due. Skip lines 40, 41 and 42 39 1,509.00

40 OVERPAYMENT. If line 38 is larger than line 31, subtract line 31 from line 38 and enter amount of overpayment. 40 .00

41 Amount of line 40 to be applied to 2005 estimated tax 41 .00

42 Balance of overpayment. Subtract line 41 from line 40 42 .00

43 - 50 Aid to Education (entire refund only) 43 .00

44 Arizona Wildlife 44 .00

45 Citizens Clean Elections 45 .00

46 Child Abuse Prevention 46 .00

47 Domestic Violence Shelter 47 .00

48 Neighbors Helping Neighbors 48 .00

49 Special Olympics 49 .00

50 Political Gift 50 .00

51 Check only one if making a political gift: 51 1 Democratic 51 2 Libertarian 51 3 Republican

52 Estimated payment penalty and MSA withdrawal penalty 52 30.00

53 Check applicable boxes: 53 1 Annualized/Other 53 2 Farmer or Fisherman 53 3 Form 221 attached 53 4 MSA Penalty

54 Total of lines 43, 44, 45, 46, 47, 48, 49, 50 and 52 54 30.00

55 REFUND. Subtract line 54 from line 42. If less than zero, enter amount owed on line 56 55 .00

Direct Deposit of Refund: See instructions.

ROUTING NUMBER

ACCOUNT NUMBER

C Checking or

S Savings

56 AMOUNT OWED. Add lines 39 and 54. Make check payable to Arizona Department of Revenue; include SSN on payment. 56 1,539.00

PART A: Dependents and Qualifying Parents - do not list yourself or spouse

If completing Part A, also complete Part C, lines C16 and/or C17 and C18.

A1

List children and other dependents. If more space is needed, attach a separate sheet.

FIRST AND LAST NAME

SOCIAL SECURITY NO.

RELATIONSHIP

NO. OF MONTHS LIVED IN YOUR HOME IN 2004

WENDY OLYMPICS	400-55-7599	DAUGHTER	12

A2

Enter total number of persons listed in A1 here and on page 1 of this form, box 10. Also complete Part C below.

• • • • • TOTAL

A2

1

A3

Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:

A4

List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet. You cannot list the same person here and also on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 5 of the instructions.

FIRST AND LAST NAME

SOCIAL SECURITY NO.

RELATIONSHIP

NO. OF MONTHS LIVED IN YOUR HOME IN 2004


A5

Enter total number of persons listed in A4 here and on page 1 of this form, box 11.

• • • • • TOTAL

A5

0

PART B: Additions to Income

B6	Non-Arizona municipal interest	B6	35,699	00
B7	Early withdrawal of Arizona Retirement System contributions not included on your federal return	B7		00
B8	Ordinary income portion of lump-sum distributions excluded on your federal return	B8		00
B9	Total federal depreciation	B9		00
B10	Medical savings account (MSA) distributions. See page 6 of the instructions	B10		00
B11	I.R.C. 179 expense in excess of allowable amount. See page 6 of the instructions	B11		00
B12	Other additions to income. See instructions and attach your own schedule	B12		00
B13	Total. Add lines B6 through B12. Enter here and on page 1 of this form, line 13	B13	35,699	00

PART C: Subtractions from Income

C14	Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100	C14		00
C15	Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500	C15		00
C16	Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300	C16	2,300	00
C17	Exemption: Qualifying parents and ancestors of your parents. Multiply the number in box 11, page 1, by \$10,000	C17		00
C18	Total exemptions: Add lines C14 through C17. If you have no other subtractions from income, skip lines C19 through C29 and enter the amount on line C18 on Form 140, Page 1, line 16	C18	2,300	00
C19	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	C19	7,800	00
C20	Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer)	C20		00
C21	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)	C21		00
C22	U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return	C22		00
C23	Recalculated Arizona depreciation	C23		00
C24	Certain wages of American Indians	C24		00
C25	Income tax refund from other states. See instructions	C25		00
C26	Deposits and employer contributions into MSAs. See pages 9 and 10 of the instructions	C26		00
C27	Construction of an energy efficient residence. See page 10 of the instructions. Enter number: C27a <input type="text"/> , then amount.	C27		00
C28	Other subtractions from income. See instructions and attach your own schedule	C28		00
C29	Total: Add lines C18 through C28. Enter here and on page 1 of this form, line 16	C29	10,100	00

Part D: Last Name(s) Used in Prior Years if different from name(s) used in current year

D30

PLEASE SIGN HERE

I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

10-28-2004

YOUR SIGNATURE

DATE

SPOUSE'S SIGNATURE

DATE

PAID PREPARER'S SIGNATURE

FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

PAID PREPARER'S TIN

DATE

PAID PREPARER'S ADDRESS

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138. (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

Attach to your return

NAME(S) AS SHOWN ON FORM 140 <b>TEST O OLYMPICS</b>	YOUR SOCIAL SECURITY NUMBER <b>400-00-7525</b>
	SPOUSE'S SOCIAL SECURITY NUMBER

To itemize on your Arizona return, you must first complete a federal Schedule A. Use Form 140, Schedule A, to adjust the amount shown on the federal Schedule A. Complete Form 140, Schedule A, only if you are making changes to the amount shown on the federal Schedule A. See instructions for details.

<b>Adjustment to Medical and Dental Expenses</b>	
<b>1</b> Medical and dental expenses . . . . .	<b>1</b> 18,000 00
<b>2</b> Amount of medical savings account (MSA) distributions used to pay qualified medical expenses included on line 1 . . . . .	<b>2</b> 00
<b>3</b> Medical expenses allowed to be taken as a federal itemized deduction . . . . .	<b>3</b> 11,857 00
<b>4</b> Add line 2 and line 3, and enter the result . . . . .	<b>4</b> 11,857 00
<b>5</b> If line 1 is the same as or more than line 4, subtract line 4 from line 1; otherwise, go to line 6 . . . . .	<b>5</b> 6,143 00
<b>6</b> If line 4 is more than line 1, subtract line 1 from line 4 . . . . .	<b>6</b> 00
<b>Adjustment to Interest Deduction</b>	
<b>7</b> If you received a federal credit for interest paid on mortgage credit certificates (from federal Form 8396), enter the amount of mortgage interest you paid for 2004 that is equal to the amount of your 2004 federal credit . . . . .	<b>7</b> 00
<b>Adjustment to Gambling Losses</b>	
<b>8</b> Wagering losses allowed as a federal itemized deduction . . . . .	<b>8</b> 00
<b>9</b> Total gambling winnings included in your federal adjusted gross income . . . . .	<b>9</b> 00
<b>10</b> Authorized Arizona lottery subtraction from Form 140, page 2, line C21 . . . . .	<b>10</b> 00
<b>11</b> Maximum allowable gambling loss deduction: Subtract line 10 from line 9 . . . . .	<b>11</b> 00
<b>12</b> If line 11 is less than line 8, subtract line 11 from line 8; otherwise enter "zero" . . . . .	<b>12</b> 0 00
<b>Adjustment to Property Taxes</b>	
<b>13</b> If you are claiming a property tax credit on Arizona Form 302 (Defense Contracting Credits), enter the amount of property taxes allowed as a federal itemized deduction for which a credit is claimed . . . . .	<b>13</b> 00
<b>Adjustment to Charitable Contributions</b>	
<b>14</b> Amount of charitable contributions for which you are taking a credit under Arizona law . . . . .	<b>14</b> 300 00
<b>Other Adjustments</b>	
<b>15</b> Amount allowed as a federal itemized deduction that relates to income not subject to Arizona tax . . . . .	<b>15</b> 00
<b>Adjusted Itemized Deductions</b>	
<b>16</b> Add the amounts on lines 5 and 7 . . . . .	<b>16</b> 6,143 00
<b>17</b> Add the amounts on lines 6, 12, 13, 14 and 15 . . . . .	<b>17</b> 300 00
<b>18</b> Total federal itemized deductions allowed to be taken on federal return . . . . .	<b>18</b> 33,222 00
<b>19</b> Enter the amount from line 16 above . . . . .	<b>19</b> 6,143 00
<b>20</b> Add lines 18 and 19 . . . . .	<b>20</b> 39,365 00
<b>21</b> Enter the amount from line 17 above . . . . .	<b>21</b> 300 00
<b>22</b> Arizona itemized deductions: Subtract line 21 from line 20. Enter the result here and on Form 140, page 1, line 18 . . . . .	<b>22</b> 39,065 00

NOTE: You must attach a copy of federal Form 1040, Schedule A, to your return if you itemize your deductions.

221

Attach to your return

NAME (FIRST, MIDDLE INITIAL, LAST). IF JOINT RETURN, ALSO GIVE SPOUSE'S NAME AND INITIAL

SOCIAL SECURITY NUMBER

TEST O OLYMPICS

400-00-7525

## Part A Calculation of Underpayment

1 I am claiming an exception from the imposition of the estimated payment penalty and interest because I qualified for federal relief under IRC § 6654. Check box and see instructions ☐

2	Amount of tax for 2004 from Form 140, page 1, line 26, or form 140PY, page 1, line 29, or Form 140NR, page 1, line 29	2	2,062	00
3	Tax credits claimed on your 2004 Arizona return	3	425	00
4	Subtract line 3 from line 2	4	1,637	00
5	Arizona tax withheld during 2004. Do not include any estimated tax payments or amounts paid with Form 204 on this line	5		00
6	Subtract line 5 from line 4. If less than \$1,000, stop here. You do not owe the penalty. Do not file Form 221.	6	1,637	00
7	Multiply line 4 by 90% (.90)	7	1,473	00
8	Enter the immediately preceding year's tax liability after tax credits. See instructions	8	1,300	00
9	<b>Required Annual Payment:</b> Enter the lesser of line 7 or line 8	9	1,300	00

	(a) Apr-15-2004	(b) Jun-15-2004	(c) Sep-15-2004	(d) Jan-18-2005
10	Payment date			
11	Divide the amount on line 9 by the number of payments required for the year (usually four). Enter the result in appropriate columns. If you use any other installment method, check this box <input type="checkbox"/> If you annualize, complete the worksheet on page 2 of this form and enter the amount from line 23 of that worksheet in each column of line 11			
12	Estimated tax paid and income tax withheld. See instructions	325	325	325
13	Overpayment: See instructions	128		
14	Add lines 12 and 13	128		
15	<b>Underpayment:</b> Subtract line 14 from line 11; <b>or</b> <b>Overpayment:</b> Subtract line 11 from line 14	197	325	325

## Part B Underpayment of Estimated Tax Penalty

16	<b>RATE PERIOD ONE: 5%</b> (Apr-15-04 - Jun-30-04) Computation starting date for this period	16	Apr-15-04	Jun-15-04		
17	Number of days after the date on line 16 through the date the amount on line 15 was paid or June 30, 2004 whichever is earlier	17	Days: 76	Days: 15		
18	Number of days on line 17 x 5% x underpayment on line 15 366	18	2	1		
19	<b>RATE PERIOD TWO: 4%</b> (Jul-1-04 - Sep-30-04) Computation starting date for this period	19	Jun-30-04	Jun-30-04	Sep-15-04	
20	Number of days after the date on line 19 through the date the amount on line 15 was paid or September 30, 2004 whichever is earlier	20	Days: 92	Days: 92	Days: 15	
21	Number of days on line 20 x 4% x underpayment on line 15 366	21	2	3	1	
22	<b>RATE PERIOD THREE: 5%</b> (Oct-1-04 - Dec-31-04) Computation starting date for this period	22	Sep-30-04	Sep-30-04	Sep-30-04	
23	Number of days after the date on line 22 through the date the amount on line 15 was paid or December 31, 2004 whichever is earlier	23	Days: 92	Days: 92	Days: 92	
24	Number of days on line 23 x 5% x underpayment on line 15 366	24	2	3	3	
25	<b>RATE PERIOD FOUR: 5%</b> (Jan-1-05 - Apr-15-05) Computation starting date for this period	25	Dec-31-04	Dec-31-04	Dec-31-04	Jan-18-05
26	Number of days after the date on line 25 through the date the amount on line 15 was paid or April 15, 2005 whichever is earlier	26	Days: 105	Days: 105	Days: 105	Days: 90
27	Number of days on line 26 x 5% x underpayment on line 15 plus any penalty from 365 Rate Periods One, Two and Three if the underpayment is unpaid as of January 1, 2005	27	2	4	4	3
28	<b>Penalty:</b> Column (a) - Add lines 18, 21, 24, 27. Enter the total on line 28 of column a. Column (b) - Add lines 18, 21, 24, 27. Enter the total on line 28 of column b. Column (c) - Add lines 21, 24, 27. Enter the total on line 28 of column c. Column (d) - Enter the amount from column d, line 27	28	8	11	8	3
29	<b>Penalty Limitation:</b> In columns a through d, list the smaller of line 15 x 10% <b>or</b> the amount from line 28	29	8	11	8	3
30	<b>TOTAL PENALTY:</b> Add the amounts in columns a, b, c, and d, line 29. (see instructions).	30				30 00

## Annualized Income Installment Worksheet

Complete lines 1 through 23 of one column before completing the next column.

	Jan-1-04 to Mar-31-04	Jan-1-04 to May-31-04	Jan-1-04 to Aug-31-04	Jan-1-04 to Dec-31-04
<b>1</b> Enter your Arizona adjusted gross income without your dependent, qualifying parent or ancestor, blind, or over 65 exemptions for each period . . . . . <b>1</b>				
<b>2</b> Annualization amounts . . . . . <b>2</b>	<b>4.0</b>	<b>2.4</b>	<b>1.5</b>	<b>1.0</b>
<b>3</b> Annualized income: Multiply line 1 by line 2 . . . . . <b>3</b>				
<b>4</b> Enter your itemized deductions for the period shown in each column. If you do not itemize, enter zero and skip to line 7 . . . . . <b>4</b>				
<b>5</b> Annualized amounts . . . . . <b>5</b>	<b>4.0</b>	<b>2.4</b>	<b>1.5</b>	<b>1.0</b>
<b>6</b> Annualized itemized deductions: Multiply line 4 by line 5 . . . . . <b>6</b>				
<b>7</b> Enter your standard deduction from Arizona Form 140, line 18, Form 140PY, line 21, or Form 140NR, line 21 . . . . . <b>7</b>				
<b>8</b> Enter the amount from line 6 or line 7, whichever is larger . . . . . <b>8</b>				
<b>9</b> Subtract line 8 from line 3 . . . . . <b>9</b>				
<b>10</b> Enter the amount allowed for personal, blind, over 65, dependent, and qualifying parent or ancestor exemptions claimed on your Arizona Form 140, Form 140PY, or Form 140NR . . . . . <b>10</b>				
<b>11</b> Subtract line 10 from line 9 . . . . . <b>11</b>				
<b>12</b> Figure your tax on the amount on line 11 using Tax Rate Table X or Y . . . . . <b>12</b>				
<b>13</b> For each period, enter the amount of tax credits allowed on your Arizona Form 140, Form 140PY, or Form 140NR . . . . . <b>13</b>				
<b>14</b> Subtract line 13 from line 12. If zero or less, enter "zero" . . . . . <b>14</b>				
<b>15</b> Applicable percentages . . . . . <b>15</b>	<b>22.5%</b>	<b>45.0%</b>	<b>67.5%</b>	<b>90.0%</b>
<b>16</b> Multiply line 14 by line 15 . . . . . <b>16</b>				
<b>17</b> Enter the combined amounts of line 23 from all preceding columns . . . . . <b>17</b>				
<b>18</b> Subtract line 17 from line 16. If less than zero, enter "zero" . . . . . <b>18</b>				
<b>19</b> Divide line 9 from page 1, of this Form 221, by four (4), and enter the result in each column . . . . . <b>19</b>				
<b>20</b> Enter the amount from line 22 of the preceding column of this worksheet . . . . . <b>20</b>				
<b>21</b> Add lines 19 and 20, and enter the total . . . . . <b>21</b>				
<b>22</b> If line 21 is <b>more</b> than line 18, subtract line 18 from line 21. Otherwise, enter "zero" . . . . . <b>22</b>				
<b>23</b> Enter the <b>smaller</b> of line 18 or line 21 here and on page 1, line 11 . . . . . <b>23</b>				

For the calendar year 2004, or

fiscal year beginning

and ending

Attach to your return

NAME(S) AS SHOWN ON FORM 140, 140PY, 140NR or 140X

YOUR SOCIAL SECURITY NUMBER

400-00-7525

SPOUSE'S SOCIAL SECURITY NUMBER

TEST O OLYMPICS

**Part I Nonrefundable Individual Tax Credits**

Enter total available tax credits.

1	Defense Contracting Credit from Form 302	1		00
2	Enterprise Zone Credit from Form 304	2		00
3	Environmental Technology Facility Credit from Form 305	3		00
4	Military Reuse Zone Credit from Form 306	4		00
5	Recycling Equipment Credit from Form 307	5		00
6	Credit for Increased Research Activities from Form 308-I	6		00
7	Credit for Taxes Paid to Another State or Country from Form 309	7		00
8	Credit for Solar Energy Devices from Form 310	8	125	00
9	Agricultural Water Conservation System Credit from Form 312	9		00
10	Carryover of Alternative Fuel Vehicle (AFV) Credit from Form 313	10		00
11	Underground Storage Tanks Credit from Form 314	11		00
12	Pollution Control Credit from Form 315	12		00
13	Construction Materials Credit from Form 316	13		00
14	Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets from Form 319	14		00
15	Credit for Employment of TANF Recipients from Form 320	15		00
16	Credit for Contributions to Charities that Provide Assistance to the Working Poor from Form 321	16	100	00
17	Credit for Contributions Made or Fees Paid to Public Schools from Form 322	17	100	00
18	Credit for Contributions to School Tuition Organizations from Form 323	18	100	00
19	Agricultural Pollution Control Equipment Credit from Form 325	19		00
20	Carryover of Credit for Alternative Fuel Delivery Systems from Form 326	20		00
21	Carryover of Vehicle Refueling Apparatus Credit from Form 327	21		00
22	Neighborhood Electric Vehicle (NEV) Credit from Form 328	22		00
23	Credit for Donation of School Site from Form 331	23		00
24	Total Available Tax Credits: Add lines 1 through 23	24	425	00

**Part II Application of Tax Credits**

Enter tax, recapture tax, and tax credits claimed this taxable year.

25	Tax from Form 140, line 21; or Form 140PY, line 24; or Form 140NR, line 24; or Form 140X, line 26	25	2,067	00
26	Clean Elections Fund Tax Reduction from Form 140, line 25; or Form 140PY, line 28; or Form 140NR, line 28; or Form 140X, line 29	26	5	00
27	Subtract line 26 from line 25	27	2,062	00
28	Tax from recapture of Environmental Technology Facility Credit from Form 305, Part VI, line 34	28		00
29	Tax from recapture of Alternative Fuel Vehicle Credit from Form 313, Part VI, line 19	29		00
30	Tax from recapture of Neighborhood Electric Vehicle (NEV) Credit from Form 328, Part VIII, line 33	30		00
31	Recapture Total: Add lines 28 through 30. Enter here and on Form 140, line 22; or Form 140PY, line 25; or Form 140NR, line 25; or Form 140X, line 27	31		00
32	Subtotal: Add lines 27 and 31	32	2,062	00
33	Family Income Tax Credit from Form 140, line 27; or Form 140PY, line 30; or Form 140X, line 31	33		00
34	Subtract line 33 from line 32	34	2,062	00

Continued on page 2 ►

Nonrefundable Tax Credits Claimed

Enter amount of credits actually claimed from Part I.

35	Defense Contracting Credit from Form 302 . . . . .	35		00
36	Enterprise Zone Credit from Form 304 . . . . .	36		00
37	Environmental Technology Facility Credit from Form 305 (not to exceed 75% of line 32) . . . . .	37		00
38	Military Reuse Zone Credit from Form 306 . . . . .	38		00
39	Recycling Equipment Credit from Form 307 (not to exceed the lesser of 25% of line 32 or \$5,000) . . . . .	39		00
40	Credit for Increased Research Activities from Form 308-I . . . . .	40		00
41	Credit for Taxes Paid to Another State or Country from Form 309 . . . . .	41		00
42	Credit for Solar Energy Devices from Form 310 . . . . .	42	125	00
43	Agricultural Water Conservation System Credit from Form 312 . . . . .	43		00
44	Carryover of Alternative Fuel Vehicle (AFV) Credit from Form 313 . . . . .	44		00
45	Underground Storage Tanks Credit from Form 314 . . . . .	45		00
46	Pollution Control Credit from Form 315 . . . . .	46		00
47	Construction Materials Credit from Form 316 . . . . .	47		00
48	Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets from Form 319 . . . . .	48		00
49	Credit for Employment of TANF Recipients from Form 320 . . . . .	49		00
50	Credit for Contributions to Charities that Provide Assistance to the Working Poor from Form 321 . . . . .	50	100	00
51	Credit for Contributions Made or Fees Paid to Public Schools from Form 322 . . . . .	51	100	00
52	Credit for Contributions to School Tuition Organizations from Form 323 . . . . .	52	100	00
53	Agricultural Pollution Control Equipment Credit from Form 325 . . . . .	53		00
54	Carryover of Credit for Alternative Fuel Delivery Systems from Form 326 . . . . .	54		00
55	Carryover of Vehicle Refueling Apparatus Credit from Form 327 . . . . .	55		00
56	Credit for Neighborhood Electric Vehicle (NEV) from Form 328 . . . . .	56		00
57	Credit for Donation of School Site from Form 331 . . . . .	57		00
58	Total Tax Credits Claimed: Add lines 35 through 57. Total cannot be more than line 34. Enter this amount on Form 140, line 28; or Form 140PY, line 31; or Form 140NR, line 30; or Form 140X, line 32 . . . . .	58	425	00

NOTE: You must attach Form 301 and the corresponding credit forms on which you computed your credit(s) to individual income tax return.



310

For the calendar year 2004, or

fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

Attach to your return

NAME(S) AS SHOWN ON FORM 140, 140PY OR 140X

YOUR SOCIAL SECURITY NO.

400-00-7525

SPOUSE'S SOCIAL SECURITY NO.

TEST O OLYMPICS

## Part I Current Year's Credit

1 Address of residence where you installed the solar energy device for which you are claiming the credit: 121 TORCH STREET FORT MOHAVE, AZ 86426

2	Cost of the solar energy device installed during the current taxable year at the residence listed on line 1	500	00
3	Multiply the amount on line 2 by 25% (.25)	125	00
4	Enter the smaller of line 3 or \$1,000	125	00
5	Enter the amount of credit from prior taxable years (1995 through 2003) for other solar energy devices installed at the residence listed on line 1		00
6	Add line 4 and line 5	125	00
7	Enter the smaller of line 6 or \$1,000	125	00
8	Subtract line 5 from line 7	125	00
9	Current year's credit: Enter the smaller of line 4 or line 8	125	00

## Part II Carryover from Prior Taxable Years

	(a) Taxable Year from which you are carrying the credit	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover: Subtract column (c) from column (b).
10	1999	\$	\$	\$
11	2000	\$	\$	\$
12	2001	\$	\$	\$
13	2002	\$	\$	\$
14	2003	\$	\$	\$
15	TOTAL AVAILABLE CARRYOVER			\$

## Part III Calculation of Available Credit for the Current Year

16	Current year's credit: Enter the amount from Part I, line 9	125	00
17	Enter the amount of available carryover from Part II, line 15		00
18	Total Available Credit: Add line 16 and line 17, and enter the total here. See page 2 of the instructions	125	00

# Credit for Contributions to Charities That Provide Assistance to the Working Poor

2004

For the calendar year 2004, or fiscal year beginning _____ and ending _____.
---

**Attach to your return**

NAME(S) AS SHOWN ON FORM 140, 140NR, 140PY OR 140X

YOUR SOCIAL SECURITY NO.

**400-00-7525**

SPOUSE'S SOCIAL SECURITY NO.

**TEST O OLYMPICS****Part I Current Year's Credit****1a** Name of qualifying charity to which you made contributions:CFWP OF TUCSONAmount contributed to organization named on line 1a . . . . . **1a** 100 00**1b** Name of qualifying charity to which you made contributions:Amount contributed to organization named on line 1b . . . . . **1b**  00

NOTE: If you made contributions to more than two qualifying charities, attach a separate schedule.

<b>1c</b> Total: Add lines 1a and 1b. Also, add any amount included on a separate schedule . . . . .	<b>1c</b>	100	00
<b>2</b> Potential credit: enter the lesser of line 1c or \$200 . . . . .	<b>2</b>	100	00
<b>3</b> Total contributions allowable as an itemized deduction for 2004 . . . . .	<b>3</b>	5,200	00
<b>4</b> Baseline year: <u>1997</u>			
<b>5</b> Total contributions deducted as an itemized deduction on your Arizona return for the baseline year listed on line 4 . . . . .	<b>5</b>	3,000	00
<b>6</b> Subtract line 5 from line 3. If line 5 is greater than line 3, no credit is available . . . . .	<b>6</b>	2,200	00
<b>7</b> Current year's credit: Enter the lesser of line 2 or line 6 . . . . .	<b>7</b>	100	00

**Part II Available Credit Carryover**

	(a) Taxable Year from which you are carrying the credit	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover: Subtract column (c) from column (b).
8	1999	\$	\$	\$
9	2000	\$	\$	\$
10	2001	\$	\$	\$
11	2002	\$	\$	\$
12	2003	\$	\$	\$
13	TOTAL AVAILABLE CARRYOVER:			\$

**Part III Total Available Credit**

<b>14</b> Current year's credit: Enter the amount from Part I, line 7 . . . . .	<b>14</b>	100	00
<b>15</b> Enter the amount of available carryover from Part II, line 13, column (d) . . . . .	<b>15</b>		00
<b>16</b> Total Available Credit: Add line 14 and line 15, and enter the total here. See page 2 of the instructions . . . . .	<b>16</b>	100	00

For the calendar year 2004, or

fiscal year beginning \_\_\_\_\_ and ending \_\_\_\_\_

Attach to your return

NAME(S) AS SHOWN ON FORM 140, 140NR, 140PY OR 140X	YOUR SOCIAL SECURITY NO. <b>400-00-7525</b>
<b>TEST O OLYMPICS</b>	SPOUSE'S SOCIAL SECURITY NO.

Current Year's Credit

1a Contributions made or qualifying fees paid to:

Name of public school located in Arizona: **BULLHEAD CITY HIGH**

Address of school: **1259 ANDERSON DRIVE**  
**FORT MOHAVE, AZ 86426**

School district in which school is located: **MOHAVE**

Amount of contributions made or fees paid to school named on line 1a . . . . . 1a 100 00

1b Contributions made or qualifying fees paid to:

Name of public school located in Arizona: \_\_\_\_\_

Address of school: \_\_\_\_\_

School district in which school is located: \_\_\_\_\_

Amount of contributions made or fees paid to school named on line 1b . . . . . 1b \_\_\_\_\_ 00

If you made contributions or paid qualifying fees to more than 2 schools, attach a separate schedule.

1c Total contributions made and fees paid to public schools in Arizona during 2004 . . . . .	1c 100 00
2 Single taxpayers or heads of household, enter \$200 here. Married taxpayers enter \$250 here. . . . .	2 200 00
3 Current year's credit: enter the smaller of line 1c or line 2. If you are married filing a separate return, enter one-half of the smaller of line 1c or line 2 . . . . .	3 100 00

Available Credit Carryover

	(a) Taxable Year from which you are carrying the credit	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover: Subtract column (c) from column (b)
4	1999	\$	\$	\$
5	2000	\$	\$	\$
6	2001	\$	\$	\$
7	2002	\$	\$	\$
8	2003	\$	\$	\$
9	TOTAL AVAILABLE CARRYOVER			\$

Total Available Credit

10 Current year's credit: Enter the amount from line 3 . . . . .	10 100 00
11 Available credit carryover from line 9, column (d) . . . . .	11 00
12 Total available credit. Add line 10 and line 11. Enter the total here and see the instructions. . . . .	12 100 00

For the calendar year 2004, or	
fiscal year beginning _____	and ending _____

## Attach to your return

NOTE: Do not use this form for contributions or amounts paid to a public school. See Form 322 for contributions or amounts paid to public schools.

NAME(S) AS SHOWN ON FORM 140, 140NR, 140PY OR 140X

YOUR SOCIAL SECURITY NO.

400-00-7525

SPOUSE'S SOCIAL SECURITY NO.

## TEST O OLYMPICS

## Current Year's Credit

## 1a Qualifying contributions made to:

Name of school tuition organization: AZ TUITION ORGANIZATION

Address of school tuition organization: 1300 EDUCATION DRIVE

TUCSON, AZ 85701

Amount of contributions made to school tuition organization named on line 1a . . . . . 1a 100 00

## 1b Qualifying contributions made to:

Name of school tuition organization: \_\_\_\_\_

Address of school tuition organization: \_\_\_\_\_

Amount of contributions made to school tuition organization named on line 1b . . . . . 1b 00

If you made contributions to more than 2 school tuition organizations, attach a separate schedule.

1c	Total contributions made to school tuition organizations during 2004 . . . . .	1c	100	00
2	Single taxpayers or heads of household, enter \$500 here. Married taxpayers enter \$625 here. . . . .	2	500	00
3	Current year's credit: enter the smaller of line 1c or line 2. If you are married filing a separate return, enter one-half of the smaller of line 1c or line 2 . . . . .	3	100	00

## Available Credit Carryover

	(a) Taxable Year from which you are carrying the credit	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover: Subtract column (c) from column (b).
4	1999	\$	\$	\$
5	2000	\$	\$	\$
6	2001	\$	\$	\$
7	2002	\$	\$	\$
8	2003	\$	\$	\$
9	TOTAL AVAILABLE CARRYOVER:			\$

## Total Available Credit

10	Current year's credit: enter the amount from line 3 . . . . .	10	100	00
11	Available credit carryover from line 9, column (d) . . . . .	11		00
12	Total available credit. Add line 10 and line 11. Enter the total here and see the instructions . . . . .	12	100	00

Label		For the year Jan. 1-Dec. 31, 2004, or other tax year beginning , 2004, ending , 20		OMB. No. 1545-0074		
(See instructions on page 16.) <b>Use the IRS label.</b> Otherwise, please print or type.	<b>L</b>	Your first name and initial <b>TEST O</b>		Your social security number <b>400-00-7525</b>		
	<b>A</b>	Last name <b>OLYMPICS</b>				
	<b>B</b>	If a joint return, spouse's first name and initial Last name		Spouse's social security number		
<b>Use the IRS label.</b> Otherwise, please print or type.	<b>H</b>	Home address (number and street). If you have a P.O. box, see page 16. <b>121 TORCH ST</b>		Apt. no.		
	<b>E</b>	City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. <b>FORT MOHAVE AZ 86426</b>				
	<b>E</b>					
<b>Presidential Election Campaign</b> (See page 16.)	<b>Note.</b> Checking "Yes" will not change your tax or reduce your refund. Do you, or your spouse if filing a joint return, want \$3 to go to this fund? . . . . . <input checked="" type="checkbox"/> <b>You</b> <input type="checkbox"/> <b>Spouse</b> <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>					
<b>Filing Status</b> Check only one box.	<b>1</b>	<input type="checkbox"/> Single		<b>4</b> <input type="checkbox"/> Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.		
	<b>2</b>	<input type="checkbox"/> Married filing jointly (even if only one had income)				
	<b>3</b>	<input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. <b>5</b> <input checked="" type="checkbox"/> Qualifying widow(er) with dependent child. (See page 17)		<b>2003</b>		
<b>Exemptions</b>	<b>6 a</b> <input checked="" type="checkbox"/> <b>Yourself.</b> If someone can claim you as a dependent, do not check box 6a . . . . .				<b>Boxes checked on 6a and 6b</b> <b>1</b>	
	<b>b</b> <input type="checkbox"/> <b>Spouse</b> . . . . .				<b>No. of children on 6c who:</b>	
	<b>c Dependents:</b>				<b>● lived with you</b> <b>1</b> <b>● did not live with you due to divorce or separation (see page 18)</b>	
If more than four dependents, see page 18.	<b>(1)</b> First name	Last name	<b>(2)</b> Dependent's social security number	<b>(3)</b> Dependent's relationship to you	<b>(4)</b> Check if qualifying child for child tax credit (see pg 18)	
	<b>WENDY</b>	<b>OLYMPICS</b>	<b>400-55-7599</b>	<b>DAUGHTER</b>	<input checked="" type="checkbox"/>	
<b>d</b> Total number of exemptions claimed . . . . .					<b>Add numbers on lines above</b> <b>2</b>	
<b>Income</b>  <b>Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.</b>  If you did not get a W-2, see page 19.  Enclose, but do not attach, any payment. Also, please use <b>Form 1040-V.</b>	<b>7</b>	Wages, salaries, tips, etc. Attach Form(s) W-2			<b>7</b>	
	<b>8a</b>	Taxable interest. Attach Schedule B if required . . . . .			<b>8a</b> <b>32,482</b>	
	<b>b</b>	Tax-exempt interest. Do not include on line 8a . . . . . <b>8b</b> <b>35,699</b>				
	<b>9a</b>	Ordinary dividends. Attach Schedule B if required . . . . .			<b>9a</b> <b>16,166</b>	
	<b>b</b>	Qualified dividends (see page 20) . . . . . <b>9b</b> <b>14,377</b>				
	<b>10</b>	Taxable refunds, credits, or offsets of state and local income taxes (see page 20) . . . . .			<b>10</b>	
	<b>11</b>	Alimony received . . . . .			<b>11</b>	
	<b>12</b>	Business income or (loss). Attach Schedule C or C-EZ . . . . .			<b>12</b>	
	<b>13</b>	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> . . . . .			<b>13</b> <b>33,265</b>	
	<b>14</b>	Other gains or (losses). Attach Form 4797 . . . . .			<b>14</b>	
	<b>15a</b>	IRA distributions . . . . . <b>15a</b>			<b>b</b> Taxable amount (see page 22) <b>15b</b>	
	<b>16a</b>	Pensions and annuities . . . . . <b>16a</b>			<b>b</b> Taxable amount (see page 22) <b>16b</b>	
	<b>17</b>	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . .			<b>17</b>	
	<b>18</b>	Farm income or (loss). Attach Schedule F . . . . .			<b>18</b>	
	<b>19</b>	Unemployment compensation . . . . .			<b>19</b>	
	<b>20a</b>	Social security benefits . . . . . <b>20a</b>			<b>b</b> Taxable amount (see page 24) <b>20b</b>	
	<b>21</b>	Other income. . . . .			<b>21</b>	
	<b>22</b>	Add the amounts in the far right column for lines 7 through 21. This is your <b>total income</b> . . . . .			<b>22</b> <b>81,913</b>	
	<b>Adjusted Gross Income</b>	<b>23</b>	Educator expenses (see page 26) . . . . . <b>23</b>			
		<b>24</b>	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . . <b>24</b>			
		<b>25</b>	IRA deduction (see page 26) . . . . . <b>25</b>			
<b>26</b>		Student loan interest deduction (see page 28) . . . . . <b>26</b>				
<b>27</b>		Tuition and fees deduction (see page 29) . . . . . <b>27</b>				
<b>28</b>		Health savings account deduction. Attach Form 8889 . . . . . <b>28</b>				
<b>29</b>		Moving expenses. Attach Form 3903 . . . . . <b>29</b>				
<b>30</b>		One-half of self-employment tax. Attach Schedule SE . . . . . <b>30</b>				
<b>31</b>		Self-employed health insurance deduction (see page 30) . . . . . <b>31</b>				
<b>32</b>		Self-employed SEP, SIMPLE, and qualified plans . . . . . <b>32</b>				
<b>33</b>		Penalty on early withdrawal of savings . . . . . <b>33</b>				
<b>34a</b>		Alimony paid <b>b</b> Recipient's SSN <b>34a</b>				
<b>35</b>	Add lines 23 through 34a . . . . . <b>35</b>					
<b>36</b>	Subtract line 35 from line 22. This is your <b>adjusted gross income</b> . . . . . <b>36</b> <b>81,913</b>					



**SCHEDULES A&B**  
**(Form 1040)**

**Schedule A - Itemized Deductions**

OMB No. 1545-0074

**2004**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 1040.** ▶ **See Instructions for Schedules A and B (Form 1040).**

Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

**TEST O OLYMPICS**

**400-00-7525**

<b>Medical and Dental Expenses</b>		<b>Caution.</b> Do not include expenses reimbursed or paid by others.			
1	Medical and dental expenses (see page A-2) . . . . .	1	18,000		
2	Enter amount from Form 1040, line 37 <b>2</b> <b>81,913</b>				
3	Multiply line 2 above by 7.5% (.075) . . . . .	3	6,143		
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- . . . . .			4	11,857
<b>Taxes You Paid</b>					
5 State and local income taxes		5	1,628		
a <input checked="" type="checkbox"/> Income taxes, or					
b <input type="checkbox"/> General sales taxes (see page A-2) <input type="checkbox"/> ▶					
6	Real estate taxes (see page A-2) . . . . .	6	1,750		
7	Personal property taxes . . . . .	7	500		
8	Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8 . . . . .			9	3,878
<b>Interest You Paid</b>					
10	Home mortgage interest and points reported to you on Form 1098 . . . . .	10	9,300		
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see page A-3 and show that person's name, identifying no., and address ▶	11			
12	Points not reported to you on Form 1098. See page A-3 for special rules . . . . .	12	2,500		
13	Investment interest. Attach Form 4952 if required. (See page A-4.) . . . . .	13			
14	Add lines 10 through 13 . . . . .			14	11,800
<b>Gifts to Charity</b>					
15	Gifts by cash or check. If you made any gift of \$250 or more, see page A-4 . . . . .	15	5,200		
16	Other than by cash or check. If any gift of \$250 or more, see page A-4. You <b>must</b> attach Form 8283 if over \$500 . . . . .	16			
17	Carryover from prior year . . . . .	17			
18	Add lines 15 through 17 . . . . .			18	5,200
<b>Casualty and Theft Losses</b>					
19	Casualty or theft loss(es). Attach Form 4684. (See page A-5.) . . . . .			19	
<b>Job Expenses and Most Other Miscellaneous Deductions</b>					
20	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See page A-5.) ▶	20			
21	Tax preparation fees . . . . .	21	825		
22	Other expenses - investment, safe deposit box, etc. List type and amount ▶	22	1,300		
	<b>SAFE DEPOSIT BOX</b> <b>100</b>				
	<b>INVESTMENT EXPENSE</b> <b>1,200</b>				
23	Add lines 20 through 22 . . . . .	23	2,125		
24	Enter amount from Form 1040, line 37 <b>24</b> <b>81,913</b>				
25	Multiply line 24 above by 2% (.02) . . . . .	25	1,638		
26	Subtract line 25 from line 23. If line 25 is more than line 23, enter -0- . . . . .			26	487
<b>Other Miscellaneous Deductions</b>					
27	Other - from list on page A-6. List type and amount ▶			27	
<b>Total Itemized Deductions</b>					
28	Is Form 1040, line 37, over \$142,700 (over \$71,350 if married filing separately)? <input checked="" type="checkbox"/> <b>No.</b> Your deduction is not limited. Add the amounts in the far right column for lines 4 through 27. Also, enter this amount on Form 1040, line 39. <input type="checkbox"/> <b>Yes.</b> Your deduction may be limited. See page A-6 for the amount to enter.			28	33,222

Name(s) shown on Form 1040. Do not enter name and social security number if shown on page 1.

Your social security number

TEST O OLYMPICS

400-00-7525

## Schedule B-Interest and Ordinary Dividends

Attachment

Sequence No. 08

Part I  
Interest

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ▶

(See page B-1 and the instructions for Form 1040, line 8a.)

STATEMENT # 1

74,101

**Note.** If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

INTEREST SUBTOTAL 74,101  
 NOMINEE DISTRIBUTION 3,200  
 ACCRUED INTEREST 950  
 TAX-EXEMPT INTEREST 35,699  
 OID ADJUSTMENT 1,770

- 2 Add the amounts on line 1 . . . . . 2 32,482  
 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 . . . . . 3

- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a . . . . ▶ 4 32,482

**Note:** If line 4 is over \$1,500, you must complete Part III.

Part II  
Ordinary Dividends

- 5 List name of payer ▶

(See page B-2 and the instructions for Form 1040, line 9a.)

STATEMENT # 2

16,596

**Note.** If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

DIVIDEND SUBTOTAL 16,596  
 NOMINEE DISTRIBUTION 430

- 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a . . . . ▶ 6 16,166

**Note.** If line 6 is over \$1,500, you must complete Part III.

Part III  
Foreign Accounts and Trusts

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a At any time during 2004, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1 . . . . . X

- b If "Yes," enter the name of the foreign country ▶

(See page B-2.)

- 8 During 2004, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2 . . . . . X



**SCHEDULE D**
**(Form 1040)**

 Department of the Treasury  
Internal Revenue Service (99)

**Capital Gains and Losses**

▶ **Attach to Form 1040.**    ▶ **See Instructions for Schedule D (Form 1040).**  
 ▶ **Use Schedule D-1 to list additional transactions for lines 1 and 8.**

OMB No. 1545-0074

**2004**

 Attachment  
Sequence No. **12**

Name(s) shown on Form 1040

**TEST O OLYMPICS**

Your social security number

**400-00-7525**
**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Yr., mo., day)	(c) Date sold (Yr., mo., day)	(d) Sales price (see page D-6 of the instructions)	(e) Cost or other basis (see page D-6 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
<b>1</b> STCGL					<b>14,675</b>
<b>2</b> Enter your short-term totals, if any, from Schedule D-1, line 2 . . . . .		<b>2</b>			
<b>3</b> <b>Total short-term sales price amounts.</b> Add lines 1 and 2 in column (d) . . . . .		<b>3</b>	<b>47,000</b>		
<b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>4</b>	
<b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>5</b>	
<b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss</b> <b>Carryover Worksheet</b> on page D-5 of the Instructions . . . . .				<b>6</b>	( )
<b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1 through 6 in column (f) . . . . .				<b>7</b>	<b>14,675</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Yr., mo., day)	(c) Date sold (Yr., mo., day)	(d) Sales price (see page D-6 of the instructions)	(e) Cost or other basis (see page D-6 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
<b>8</b> PQR	20011202	20040316	15,000	16,600	(1,600)
STU	20000814	20040617	2,575	2,000	575
50 SHS WERGONE	VARIOUS	BANKRUPT		2,500	(2,500)
VWX	INHERIT	20040627	8,100	8,500	(400)
RUG	19860327	20040815	25,000	3,000	22,000
<b>9</b> Enter your long-term totals, if any, from Schedule D-1, line 9 . . . . .		<b>9</b>			
<b>10</b> <b>Total long-term sales price amounts.</b> Add lines 8 and 9 in column (d) . . . . .		<b>10</b>	<b>50,675</b>		
<b>11</b> Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 . . . . .				<b>11</b>	
<b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 . . . . .				<b>12</b>	
<b>13</b> Capital gain distributions. See page D-2 of the instructions . . . . .				<b>13</b>	<b>515</b>
<b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss</b> <b>Carryover Worksheet</b> on page D-5 of the instructions . . . . .				<b>14</b>	( )
<b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8 through 14 in column (f). Then go to Part III on page 2.				<b>15</b>	<b>18,590</b>

For Paperwork Reduction Act Notice, see Form 1040 instructions.

EEA

Schedule D (Form 1040) 2004

Part III

Summary

16	Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 13 . . . . .	16	33,265
17	Are lines 15 and 16 <b>both</b> gains? <input checked="" type="checkbox"/> <b>Yes.</b> go to line 18. <input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> on page D-7 of the instructions . . . . .	18	22,016
19	Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> on page D-8 of the instructions . . . . .	19	99
20	Are lines 18 and 19 <b>both</b> zero or blank? <input type="checkbox"/> <b>Yes.</b> Complete Form 1040 through line 42, and then complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> on page 37 of the Instructions for Form 1040. <b>Do not</b> complete lines 21 and 22 below.  <input checked="" type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> on page D-10 of the instructions. <b>Do not</b> complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, the <b>smaller</b> of:  ● The loss on line 16 or ● (\$3,000), or if married filing separately, (\$1,500)  <b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.	21	( )
22	Do you have qualified dividends on Form 1040, line 9b? <input type="checkbox"/> <b>Yes.</b> Complete Form 1040 through line 42 , and then complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> on page 37 of the Instructions for Form 1040. <input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040.		

## Alternative Minimum Tax - Individuals

OMB No. 1545-0227

▶ See separate instructions.

2004

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1040 or Form 1040NR.

Attachment  
Sequence No. 32

Name(s) shown on Form 1040

Your social security number

TEST O OLYMPICS

400-00-7525

**Part I Alternative Minimum Taxable Income** (See instructions for how to complete each line.)

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 40, and go to line 2. Otherwise, enter the amount from Form 1040, line 37, and go to line 7. (If zero or less, enter as a negative amount.) . . . . .	1	48,691
2	Medical and dental. Enter the <b>smaller</b> of Schedule A (Form 1040), line 4, or 2 1/2% of Form 1040, line 37 . . . . .	2	2,048
3	Taxes from Schedule A (Form 1040), line 9 . . . . .	3	3,878
4	Enter the home mortgage interest deduction, if any, from line 6 of the worksheet on page 2 of the instructions . . . . .	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 26 . . . . .	5	487
6	If Form 1040, line 37, is over \$142,700 (over \$71,350 if married filing separately), enter the amount from line 9 of the <b>Itemized Deductions Worksheet</b> on page A-6 of the Schedule A (Form 1040) instructions . . . . .	6	( )
7	Tax refund from Form 1040, line 10 or line 21 . . . . .	7	( )
8	Investment interest expense (difference between regular tax and AMT) . . . . .	8	
9	Depletion (difference between regular tax and AMT) . . . . .	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount . . . . .	10	
11	Interest from specified private activity bonds exempt from the regular tax . . . . .	11	
12	Qualified small business stock (7% of gain excluded under section 1202) . . . . .	12	
13	Exercise of incentive stock options (excess of AMT income over regular tax income) . . . . .	13	
14	Estates and trusts (amount from Schedule K-1 (Form 1041), line 9) . . . . .	14	
15	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) . . . . .	15	
16	Disposition of property (difference between AMT and regular tax gain or loss) . . . . .	16	
17	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) . . . . .	17	
18	Passive activities (difference between AMT and regular tax income or loss) . . . . .	18	
19	Loss limitations (difference between AMT and regular tax income or loss) . . . . .	19	
20	Circulation costs (difference between regular tax and AMT) . . . . .	20	
21	Long-term contracts (difference between AMT and regular tax income) . . . . .	21	
22	Mining costs (difference between regular tax and AMT) . . . . .	22	
23	Research and experimental costs (difference between regular tax and AMT) . . . . .	23	
24	Income from certain installment sales before January 1, 1987 . . . . .	24	( )
25	Intangible drilling costs preference . . . . .	25	
26	Other adjustments, including income-based related adjustments . . . . .	26	
27	Alternative tax net operating loss deduction . . . . .	27	( )
28	<b>Alternative minimum taxable income.</b> Combines lines 1 through 27. (If married filing separately and line 28 is more than \$191,000, see page 7 of the instructions) . . . . .	28	55,104

**Part II Alternative Minimum Tax**

29	Exemption. (If this form is for a child under age 14, see page 7 of the instructions.)																		
	<table border="0"> <tr> <td><b>IF your filing status is . . .</b></td> <td><b>AND line 28 is not over . . .</b></td> <td><b>THEN enter on line 29 . . .</b></td> <td></td> </tr> <tr> <td>Single or head of household . . . . .</td> <td>\$112,500 . . . . .</td> <td>\$40,250</td> <td></td> </tr> <tr> <td>Married filing jointly or qualifying widow(er) . . . . .</td> <td>150,000 . . . . .</td> <td>58,000</td> <td></td> </tr> <tr> <td>Married filing separately . . . . .</td> <td>75,000 . . . . .</td> <td>29,000</td> <td></td> </tr> </table>	<b>IF your filing status is . . .</b>	<b>AND line 28 is not over . . .</b>	<b>THEN enter on line 29 . . .</b>		Single or head of household . . . . .	\$112,500 . . . . .	\$40,250		Married filing jointly or qualifying widow(er) . . . . .	150,000 . . . . .	58,000		Married filing separately . . . . .	75,000 . . . . .	29,000		29	58,000
<b>IF your filing status is . . .</b>	<b>AND line 28 is not over . . .</b>	<b>THEN enter on line 29 . . .</b>																	
Single or head of household . . . . .	\$112,500 . . . . .	\$40,250																	
Married filing jointly or qualifying widow(er) . . . . .	150,000 . . . . .	58,000																	
Married filing separately . . . . .	75,000 . . . . .	29,000																	
	If line 28 is <b>over</b> the amount shown above for your filing status, see page 7 of the instructions.																		
30	Subtract line 29 from line 28. If zero or less, enter -0- here and on lines 33 and 35 and stop here . . . . .	30																	
31	<ul style="list-style-type: none"> <li>If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 55 here.</li> <li><b>All others:</b> If line 30 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result.</li> </ul>	31																	
32	Alternative minimum tax foreign tax credit (see page 7 of the instructions) . . . . .	32																	
33	Tentative minimum tax. Subtract line 32 from line 31 . . . . .	33																	
34	Tax from Form 1040, line 43 (minus any tax from Form 4972 and any foreign tax credit from Form 1040, line 50) . . . . .	34	4,223																
35	<b>Alternative minimum tax.</b> Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 44 . . . . .	35																	

**Part III Tax Computation Using Maximum Capital Gains Rates**

<b>36</b>	Enter the amount from Form 6251, line 30 . . . . .		<b>36</b>
<b>37</b>	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 43, or the amount from line 13 of the Schedule D Tax Worksheet on page D-11 of the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see page 8 of the instructions) . . . . .	<b>37</b>	14,377
<b>38</b>	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see page 8 of the instructions) . . . . .	<b>38</b>	99
<b>39</b>	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the <b>smaller</b> of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary) . . . . .	<b>39</b>	14,476
<b>40</b>	Enter the <b>smaller</b> of line 36 or line 39 . . . . .	<b>40</b>	
<b>41</b>	Subtract line 40 from line 36 . . . . .	<b>41</b>	
<b>42</b>	If line 41 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result . . . . . ▶	<b>42</b>	
<b>43</b>	Enter the <b>smaller</b> of line 36 or:		
	<ul style="list-style-type: none"> <li>• \$58,100 if married filing jointly or qualifying widow(er),</li> <li>• \$29,050 if single or married filing separately, or</li> <li>• \$38,900 if head of household.</li> </ul>	<b>43</b>	
<b>44</b>	Subtract line 37 from line 36. If zero or less, enter -0- . . . . .	<b>44</b>	
<b>45</b>	Subtract line 44 from line 43. If zero or less, enter -0- . . . . .	<b>45</b>	
<b>46</b>	Enter the <b>smaller</b> of line 36 or line 37 . . . . .	<b>46</b>	
<b>47</b>	Enter the <b>smaller</b> of line 45 or line 46 . . . . .	<b>47</b>	
<b>48</b>	Multiply line 47 by 5% (.05) . . . . . ▶	<b>48</b>	
<b>49</b>	Subtract line 47 from line 46 . . . . .	<b>49</b>	
<b>50</b>	Multiply line 49 by 15% (.15) . . . . . ▶	<b>50</b>	
	<b>If line 38 is zero or blank, skip lines 51 and 52 and go to line 53. Otherwise, go to line 51.</b>		
<b>51</b>	Subtract line 46 from line 40 . . . . .	<b>51</b>	
<b>52</b>	Multiply line 51 by 25% (.25) . . . . . ▶	<b>52</b>	
<b>53</b>	Add lines 42, 48, 50, and 52 . . . . .	<b>53</b>	
<b>54</b>	If line 36 is \$175,000 or less (\$87,500 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately) from the result . . . . .	<b>54</b>	
<b>55</b>	Enter the <b>smaller</b> of line 53 or line 54 here and on line 31 . . . . .	<b>55</b>	

**Credit for Prior Year Minimum Tax-  
Individuals, Estates, and Trusts**

▶ See instructions on pages 3 and 4.  
▶ Attach to Form 1040, 1040NR, or 1041.

OMB No. 1545-1073

**2004**

Attachment  
Sequence No. **74**

**TEST O OLYMPICS**

Identifying number

**400-00-7525**

**Part I Net Minimum Tax on Exclusion Items**

1	Combine lines 1, 6, and 10 of your 2003 Form 6251. Estates and trusts, see instructions . . . . .	1	<b>35,000</b>
2	Enter adjustments and preferences treated as exclusion items (see instructions) . . . . .	2	<b>34,100</b>
3	Minimum tax credit net operating loss deduction (see instructions) . . . . .	3	( )
4	Combine lines 1, 2, and 3. If zero or less, enter -0- here and on line 15 and go to Part II. If more than \$173,000 and you were married filing separately for 2003, see instructions . . . . .	4	<b>69,100</b>
5	Enter: \$49,000 if married filing jointly or qualifying widow(er) for 2003; \$35,750 if single or head of household for 2003; or \$24,500 if married filing separately for 2003. Estates and trusts, enter \$22,500 . . . . .	5	<b>49,000</b>
6	Enter: \$150,000 if married filing jointly or qualifying widow(er) for 2003; \$112,500 if single or head of household for 2003; or \$75,000 if married filing separately for 2003. Estates and trusts, enter \$75,000 . . . . .	6	<b>150,000</b>
7	Subtract line 6 from line 4. If zero or less, enter -0- here and on line 8 and go to line 9 . . . . .	7	<b>0</b>
8	Multiply line 7 by 25% (.25) . . . . .	8	
9	Subtract line 8 from line 5. If zero or less, enter -0-. If this form is for a child under age 14, see instructions . . . . .	9	<b>49,000</b>
10	Subtract line 9 from line 4. If zero or less, enter -0- here and on line 15 and go to Part II. Form 1040NR filers, see instructions . . . . .	10	<b>20,100</b>
11	● If for 2003 you reported capital gain distributions directly on Form 1040, line 13, or had a gain on both lines 16 and 17 of Schedule D (Form 1040) (lines 15a and 16, column (2), of Schedule D (Form 1041)), complete Part III of Form 8801 and enter the amount from line 48 here. ● All others: If line 10 is \$175,000 or less (\$87,500 or less if married filing separately for 2002), multiply line 10 by 26% (.26). Otherwise, multiply line 10 by 28% (.28) and subtract \$3,500 (\$1,750 if married filing separately for 2002) from the result.	11	<b>5,226</b>
12	Minimum tax foreign tax credit on exclusion items (see instructions) . . . . .	12	
13	Tentative minimum tax on exclusion items. Subtract line 12 from line 11 . . . . .	13	<b>5,226</b>
14	Enter the amount from your 2003 Form 6251, line 34, or 2003 Form 1041, Schedule I, line 55 . . . . .	14	<b>5,500</b>
15	<b>Net minimum tax on exclusion items.</b> Subtract line 14 from line 13. If zero or less, enter -0- . . . . .	15	<b>0</b>

**Part II Minimum Tax Credit and Carryforward to 2005**

16	Enter the amount from your 2003 Form 6251, line 35, or 2003 Form 1041, Schedule I, line 56 . . . . .	16	<b>3,000</b>
17	Enter the amount from line 15 above . . . . .	17	
18	Subtract line 17 from line 16. If less than zero, enter as a negative amount . . . . .	18	<b>3,000</b>
19	<b>2003 minimum tax credit carryforward.</b> Enter the amount from your 2003 Form 8801, line 26 . . . . .	19	
20	Enter the total of your 2003 unallowed nonconventional source fuel credit and 2003 unallowed qualified electric vehicle credit (see instructions) . . . . .	20	
21	Combine lines 18, 19, and 20. If zero or less, <b>stop here</b> and see instructions . . . . .	21	<b>3,000</b>
22	Enter your 2004 regular income tax liability minus allowable credits (see instructions) . . . . .	22	<b>3,573</b>
23	Enter the amount from your 2004 Form 6251, line 33, or 2004 Form 1041, Schedule I, line 54 . . . . .	23	
24	Subtract line 23 from line 22. If zero or less, enter -0- . . . . .	24	<b>3,573</b>
25	<b>Minimum tax credit.</b> Enter the <b>smaller</b> of line 21 or line 24. Also enter this amount on your 2004 Form 1040, line 54; Form 1040NR, line 48; or Form 1041, Schedule G, line 2d . . . . .	25	<b>3,000</b>
26	<b>Minimum tax credit carryforward to 2004.</b> Subtract line 25 from line 21. Keep a record of this amount because you may use it in future years . . . . .	26	

[010]AZ	[011]	[030]	[032]
[020]00561332075255	[024]	[035]	
[055]	[025]	[040]	[049] [048]
[060]OLYMPICS			
[065]			
[070]TEST	O		
[075]121 TORCH ST			
[080]			
[085]FORT MOHAVE			
[090]			
[095]AZ			
[100]864260000000		[077]	
[105]		[087]	
[110]		[098]	
[115]928-555-1020	[050]		
[052]51213			
[150]5	[155]02	[023]RRRRRRRRRRRRRRRRR	
[160]	[500]	[700]	[900]
[165]32,482	[505]	[705]	[905]
[170]35,699	[510]128	[710]	[910]
[175]16,166	[515]1,509	[715]	[915]
[180]	[520]	[720]	[920]
[185]	[525]	[725]35,699	[925]
[190]	[530]	[730]	
[195]81,913	[535]	[735]	
[200]33,222	[540]	[740]	
[205]	[545]	[745]	
[350]81,913	[550]	[750]	
[355]	[555]	[755]	
[360]35,699	[560]	[760]35,699	
[365]117,612	[565]	[765]2,300	
[370]	[570]	[770]	
[375]	[575]30	[775]7,800	
[380]2,300	[580]	[780]	
[385]	[585]30	[785]	
[390]	[590]	[790]	
[395]10,100	[595]1,539	[795]	
[400]	[600]	[800]	
[405]107,512	[605]	[805]	
[410]39,065	[610]	[810]	
[415]4,200	[615]	[815]	
[420]	[620]	[820]	
[425]64,247	[625]	[825]	
[430]2,067	[630]	[830]10,100	
[435]	[635]	[835]	
[440]2,067	[640]	[840]	
[445]5	[645]	[845]	
[450]2,062	[650]	[850]	
[455]	[655]	[855]	
[460]425	[660]	[860]	
[465]	[665]	[865]	
[470]	[670]	[870]	
[475]1,637	[675]	[875]	
[480]	[680]	[880]	
[485]128	[685]	[885]	
[490]	[690]	[890]	
[495]	[695]	[895]	
[300]DRAKE SOFT			
[305]200412140	400010020041028I3103213223230NNY	YN1N	00
[310]NN N	400557599DAUGHTER		
[315]		19560421	NN
[320]			

00-561332-07525-5

IRS Use Only - Do not write or staple in this space.

Form **8453****U.S. Individual Income Tax Declaration  
for an IRS e-file Return**

OMB No. 1545-0936

For the year January 1-December 31, 2004

**2004**Department of the Treasury  
Internal Revenue Service

▶ See instructions.

Use the  
IRS label.  
Otherwise,  
please  
print or  
type.L  
A  
B  
E  
L  
  
H  
E  
R  
E

Your first name and initial

**TEST O**

Last name

**OLYMPICS**

If a joint return, spouse's first name and initial

Last name

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

**121 TORCH ST**

City, town or post office, state, and ZIP code

**FORT MOHAVE, AZ 86426**

Your social security number

**400-00-7525**

Spouse's social security number

**Important!**  
You **must** enter  
your SSN(s) above.

Daytime phone number

**928-555-1020****Part I Tax Return Information** (Whole dollars only)

1	Adjusted gross income (Form 1040, line 37; Form 1040A, line 22; Form 1040EZ, line 4)	1	<b>81,913</b>
2	Total tax (Form 1040, line 62; Form 1040A, line 38; Form 1040EZ, line 10)	2	<b>573</b>
3	Federal income tax withheld (Form 1040, line 63; Form 1040A, line 39; Form 1040EZ, line 7)	3	
4	Refund (Form 1040, line 72a; Form 1040A, line 45a; Form 1040EZ, line 11a)	4	<b>427</b>
5	Amount you owe (Form 1040, line 74; Form 1040A, line 47; Form 1040EZ, line 12)	5	

**Part II Declaration of Taxpayer** (Sign only after Part I is completed.) **Be sure to keep a copy of your tax return.**6a ☐ I consent that my refund be directly deposited as designated in the electronic portion of my 2004 Federal income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.b ☒ I do not want direct deposit of my refund or I am not receiving a refund.c ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax. I further understand that this authorization may apply to subsequent Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). In order for me to initiate subsequent payments, I request that the IRS send me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if the IRS does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint Federal and state tax return and there is an error on my state return, I understand my Federal return will be rejected.

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2004, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of my electronic income tax return. I consent to allow my electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return, and (d) the date of any refund.

**Sign  
Here**

Your signature

Date

Spouse's signature. If a joint return, **both** must sign.

Date

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer** (See instructions.)I declare that I have reviewed the above taxpayer's return and that the entries on Form 8453 are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in **Pub. 1345**, Handbook for Authorized IRS e-file Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
Use Only	Firm's name (or yours if self-employed), address, and ZIP code	EIN		Phone no.
	<b>DRAKE INCOME TAX &amp; ACCOUNTING</b>	<b>56-1494243</b>		
	<b>235 E PALMER</b>	<b>828-524-2922</b>		
	<b>FRANKLIN, NC 28734</b>			

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	EIN		Phone no.

For Paperwork Reduction Act Notice, see instructions.

EEA

Form 8453 (2004)

## Schedule D Tax Worksheet

2004

(Keep for your records)

Name(s) as shown on return

Your social security number

**TEST O OLYMPICS****400-00-7525**

**Complete this worksheet only if line 18 or line 19 of Schedule D is more than zero. Otherwise, complete the Qualified Dividends and Capital Gain Tax Worksheet on page xx of the Instructions for Form 1040 to figure your tax.**

**Exception:** Do not use the Qualified Dividends and Capital Gain Tax Worksheet or this worksheet to figure your tax if:

- Line 15 or line 16 of Schedule D is zero or less **and** you have no qualified dividends on Form 1040, line 9b, **or**
- Form 1040, line 42, is zero or less.

Instead, see the instructions for Form 1040, line 43

1. Enter your taxable income from Form 1040, line 42 . . . . .	1. <u>42,491</u>
2. Enter your qualified dividends from Form 1040, line 9b . . . . .	2. <u>14,377</u>
3. Enter the amount from Form 4952, line 4g 3. _____	
4. Enter the amount from Form 4952, line 4e* 4. _____	
5. Subtract line 4 from line 3. If zero or less, enter -0- . . . . .	5. _____
6. Subtract line 5 from line 2. If zero or less, enter -0- . . . . .	6. <u>14,377</u>
7. Enter the <b>smaller</b> of line 15 or line 16 of Schedule D . . . . .	7. <u>18,590</u>
8. Enter the <b>smaller</b> of line 3 or line 4 . . . . .	8. _____
9. Subtract line 8 from line 7. If zero or less, enter -0- . . . . .	9. <u>18,590</u>
10. Add lines 6 and 9 . . . . .	10. <u>32,967</u>
11. Add lines 18 and 19 of Schedule D . . . . .	11. <u>22,115</u>
12. Enter the <b>smaller</b> of line 9 or line 11 . . . . .	12. <u>18,590</u>
13. Subtract line 12 from line 10 . . . . .	13. <u>14,377</u>
14. Subtract line 13 from line 1. If zero or less, enter -0- . . . . .	14. <u>28,114</u>
15. Enter the <b>smaller</b> of:	
• The amount on line 1 <b>or</b>	
• \$29,050 if single or married filing separately;	
\$58,100 if married filing jointly or qualifying widow(er); or	
\$38,900 if head of household.	15. <u>42,491</u>
16. Enter the <b>smaller</b> of line 14 or line 15 . . . . .	16. <u>28,114</u>
17. Subtract line 10 from line 1. If zero or less, enter -0- . . . . .	17. <u>9,524</u>
18. Enter the <b>larger</b> of line 16 or line 17 . . . . .	18. <u>28,114</u>
<b>If lines 15 and 16 are the same, skip lines 19 and 20 and go to line 21. Otherwise, go to line 19.</b>	
19. Subtract line 16 from line 15 . . . . .	19. <u>14,377</u>
20. Multiply line 19 by 5% (.05) . . . . .	20. <u>719</u>
<b>If lines 1 and 15 are the same, skip lines 21 through 33 and go to line 34. Otherwise, go to line 21.</b>	
21. Enter the <b>smaller</b> of line 1 or line 13 . . . . .	21. _____
22. Enter the amount from line 19 (if line 19 is blank, enter -0-) . . . . .	22. _____
23. Subtract line 22 from line 21. If zero or less, enter -0- . . . . .	23. _____
24. Multiply line 23 by 15% (.15) . . . . .	24. _____
<b>If Schedule D, line 19, is zero or blank, skip lines 25 through 30 and go to line 31. Otherwise, go to line 25.</b>	
25. Enter the <b>smaller</b> of line 9 above or Schedule D, line 19 . . . . .	25. _____
26. Add lines 10 and 18 . . . . .	26. _____
27. Enter the amount from line 1 above . . . . .	27. _____
28. Subtract line 27 from line 26. If zero or less, enter -0- . . . . .	28. _____
29. Subtract line 28 from line 25. If zero or less, enter -0- . . . . .	29. _____
30. Multiply line 29 by 25% (.25) . . . . .	30. _____
<b>If Schedule D, line 18, is zero or blank, skip lines 31 through 33 and go to line 34. Otherwise, go to line 31.</b>	
31. Add lines 18, 19, 23, and 29 . . . . .	31. _____
32. Subtract line 31 from line 1 . . . . .	32. _____
33. Multiply line 32 by 28% (.28) . . . . .	33. _____
34. Figure the tax on the amount on <b>line 18</b> . Use the Tax Table or Tax Computation Worksheet, whichever applies . . . . .	34. <u>3,504</u>
35. Add lines 20, 24, 30, 33, and 34 . . . . .	35. <u>4,223</u>
36. Figure the tax on the amount on <b>line 1</b> . Use the Tax Table or Tax Computation Worksheet, whichever applies . . . . .	36. <u>5,656</u>
37. <b>Tax on all taxable income (including capital gains and qualified dividends).</b> Enter the <b>smaller</b> of line 35 or line 36. Also enter this amount on Form 1040, line 43 . . . . .	37. <u>4,223</u>

\*If applicable, enter instead the smaller amount you entered on the dotted line next to line 4e of Form 4952.



## Child Tax Credit Worksheet

Keep for your records.

Name(s) as shown on return

Your social security number

## TEST O OLYMPICS

400-00-7525

## Before you begin:

If you received (before offset) an advance payment of the child tax credit and you filed a joint return for 2003, you and your spouse are each considered to have received one-half of the payment.

If you received Notice 1319, have it available. The notice shows the amount of your advance payment (before offset). If you do not have Notice 1319, you check the amount of your advance payment (before offset) on the IRS website at [www.irs.gov](http://www.irs.gov). You will need to enter your SSN, your 2003 filing status, and the total number of exemptions you claimed on line 6d of your 2003 Form 1040 or Form 1040A.

**Part 1**

1. Number of qualifying children: 1 X \$1,000. Enter the result. 1 1,000

2. Enter the amount, if any, of your advance child tax credit (before offset). 2 \_\_\_\_\_

3. Is line 1 less than line 2?  
☐ **Yes. STOP** You cannot take this credit. If line 2 is more than line 1, you do not have to pay back the difference.  
☒ **No.** Subtract line 2 from line 1. 3 1,000

4. Enter the amount from Form 1040, line 35, or Form 1040A, line 22. 4 81,913

5. **1040 Filers.** Enter the total of any -  
 • Exclusion of income from Puerto Rico, and  
 • Amounts from Form 2555, lines 43 and 48;  
 Form 2555-EZ, line 18; and Form 4563, line 15.  
**1040A Filers.** Enter -0-.

6. Add lines 4 and 5. Enter the total. 6 81,913

7. Enter the amount shown below for your filing status.  
 • Married filing jointly - \$110,000  
 • Single, head of household, or qualifying widow(er) - \$75,000  
 • Married filing separately - \$55,000

8. Is the amount on line 6 more than the amount on line 7?  
☐ **No.** Leave line 8 blank. Enter -0- on line 9.  
☒ **Yes.** Subtract line 7 from line 6.  
 If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000 (for example, increase \$425 to \$1,000, increase \$1,025 to \$2,000, etc.). 8 7,000

9. Multiply the amount on line 8 by 5% (.05). Enter the result. 9 350

10. Is the amount on line 3 more than the amount on line 9?  
☐ **No. STOP**  
 You cannot take the child tax credit on Form 1040, line 49, or Form 1040A, line 33. You also cannot take the additional child tax credit on Form 1040, line 65, or Form 1040A, line 42. Complete the rest of your Form 1040 or 1040A.  
☒ **Yes.** Subtract line 9 from line 3. Enter the result. 10 650  
 Go to Part 2.

**Part 2**

11. Enter the amount from Form 1040, line 43, or Form 1040A, line 28. 11 4,223

12. Add the amounts from -  

Form 1040	or	Form 1040A	
Line 44			_____
Line 45		Line 29	+ _____
Line 46		Line 30	+ _____
Line 47		Line 31	+ _____
Line 48		Line 32	+ _____
Enter the total.			12 <u>          </u>

13. Are you claiming any of the following credits?  
 • Adoption credit, Form 8839  
 • Mortgage interest credit, Form 8396  
 • District of Columbia first-time homebuyer credit, Form 8859  
☒ **No.** Enter the amount from line 12. }  
☐ **Yes.** Complete the Line 13 Worksheet to figure the amount to enter here. 13 \_\_\_\_\_

14. Subtract line 13 from line 11. Enter the result. 14 4,223

15. Is the amount on line 10 of this worksheet more than the amount on line 14?  
☒ **No.** Enter the amount from line 10. } **This is your child tax credit.** 15 650  
☐ **Yes.** Enter the amount from line 14. See the **TIP** below.

## TIP

You may be able to take the **additional child tax credit** on Form 1040, line 65, or Form 1040A, line 42, only if you answered "Yes" on line 15.

- First, complete your Form 1040 through line 64, or Form 1040A through line 41.
- Then, use Form 8812 to figure any additional child tax credit.

Enter this amount on Form 1040, line 49, or Form 1040A, line 33.

Name as shown on return

TEST O OLYMPICS

Your Social Security Number

400-00-7525

Keep for Your Records

**Interest and Dividends**

1. Enter any amount from Form 1040, line 8a. 1. 32,482
2. Enter any amount from Form 1040, line 8b, plus any amount on Form 8814, line 1b. 2. 35,699
3. Enter any amount from Form 1040, line 9a. 3. 16,166
4. Enter the amount from Form 1040, line 21, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. (See instructions below for line 4 if your child received an Alaska Permanent Fund dividend.) 4. \_\_\_\_\_

**Capital Gain Net Income**

5. Enter the amount from Form 1040, line 13a. If the amount on that line is a loss, enter zero. 5. 33,265
6. Enter any gain from Form 4797, Sales of Business Property, line 7, column (g). If the amount on that line is a loss, enter zero. (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9, column (g) instead.) 6. \_\_\_\_\_
7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter zero.) 7. 33,265

**Royalties and Rental Income from Personal Property**

8. Enter any royalty income from Schedule E, line 4, plus any income from the rental of personal property shown on Form 1040, line 21, minus any expenses from Schedule E, line 21, related to royalty income, plus any expenses from the rental of personal property deducted on Form 1040, line 33. 8. \_\_\_\_\_

**Passive Activities**

9. Enter the total of any net income from passive activities (included on Schedule E, lines 26, 29a (col. (g)), 34a (col. (d)), and 40). (See instructions below for line 9.)  
Add the total of any losses from passive activities (included on Schedule E, lines 26, 29b (col. (f)), 34b (col. (c)), and 40). (See instructions below for line 9.) 9. \_\_\_\_\_
10. Adjustment from EIC Screen. 10. \_\_\_\_\_
11. Add the amounts on lines 1, 2, 3, 4, 7, 8, 9, and 10. Enter the total. **This is your Investment Income.** 11. 117,612

**Instructions for line 4 if your child received Alaska Permanent Fund dividends.**

To figure the amount to enter on line 4, start with the amount on line 6 of Form 8814. Multiply that amount by a percentage that is equal to any Alaska Permanent Fund dividends divided by the total amount of interest and dividend income on lines 1a and 2 of Form 8814. Subtract the result from the amount on line 6 of Form 8814.

**Example.** Your 10-year old child has taxable interest income of \$500 and an Alaska Permanent Fund dividend of \$2,000. You choose to report this income on your return. You enter \$500 on line 1a of Form 8814, \$2,000 on line 2, and \$2,500 on line 4. You enter \$1,000 on line 6 of Form 8814 and line 21 of Form 1040. You figure the amount to enter on line 4 of this worksheet as follows:  
 $\$1,000 - (\$1,000 \times (\$2,000 \div \$2,500)) = \$200$ .

**Instructions for line 9.** In figuring the amount to enter on line 9, do not take into account any royalty income (or loss) included on line 26 of Schedule E or any amount included in your earned income. To find out if the income on line 26 or line 40 of Schedule E is from a passive activity, see the Schedule E instructions. If any of the rental real estate income (or loss) included on Schedule E, line 26, is not from a passive activity, print "NPA" and the amount of that income (or loss) on the dotted line next to line 26.

**Qualified 5-Year Gain Worksheet**  
**Line 35**  
(Keep for Your Records)

**2004**

Name(s) as shown on return

Your social security number

**TEST O OLYMPICS**

**400-00-7525**

1. Enter the total of all gains that you reported on line 8, column (f), of Schedules D and D-1 from property held more than 5 years and disposed of before May 6, 2004. **Do not** reduce these gains by any losses . . . . . 1. \_\_\_\_\_
2. Enter the total of all gains from property held more than 5 years and disposed of before May 6, 2004, from Form 4797, Part I, but **only** if Form 4797, line 7, column (g), is more than zero. **Do not** reduce these gains by any losses . . . . . 2. \_\_\_\_\_
3. Enter the total of all capital gains from property held more than 5 years and disposed of before May 6, 2004, from Form 4684, line 4, but **only** if Form 4684, line 15, is more than zero. **Do not** reduce these gains by any losses . . . . . 3. \_\_\_\_\_
4. Enter the total of all capital gains from property held more than 5 years and disposed of before May 6, 2004, from Form 6252; Form 6781, Part II; and Form 8824. **Do not** reduce these gains by any losses . . . . . 4. \_\_\_\_\_
5. Enter the total of all qualified 5-year gain reported to you on:
  - Form 1099-DIV, box 2c;
  - Form 2439, box 1c; and
  - Schedule K-1 from a partnership, S corporation, estate, or trust (**do not** include gains from section 1231 property; take them into account on line 2 above, but **only** if Form 4797, line 7, column (g), is more than zero). . . . . . 5. \_\_\_\_\_
6. Add lines 1 through 5 . . . . . 6. \_\_\_\_\_
7. Enter the part, if any, of the gain on line 6 that is:
  - Attributable to 28% rate gain **or**
  - Included on line 6, 10, 11, or 12 of the **Unrecaptured Section 1250 Gain Worksheet** on page D-7. . . . . . 7. 22,000
8. **Qualified 5-year gain.** Subtract line 7 from line 6. Enter the result here and on Schedule D, line 35 . . . . . 8. (22,000)

2004

SSN

400-00-7525

[illegible]

**Statement Summary**  
SCHEDULE B INTEREST

**2004**  
STATEMENT 01

Name(s) shown on return	Identifying Number
TEST O OLYMPICS	400-00-7525

PAYER	AMOUNT
LAST CITIZENS	950
CBA BANK	3,200
MYPLACE	1,255
AMERICAN FINANCE	1,770
MUNICIPAL INT	2,444
PAB	32,000
MIDDLE UNION	12,575
NOWBANK	7,800
FIRST BANK	1,200
SECOND BANK	2,600
THIRD BANK	3,650
SIXTH BANK	4,160
SEVENTH BANK	63
EIGHTH BANK	44
NINTH BANK	129
TENTH BANK	261
TOTAL INTEREST	74,101

SCHEDULE B DIVIDENDS

STATEMENT 02

PAYER	AMOUNT
ABC CORP	1,450
DEF CORP	1,475
GHI CORP	1,260
JKL CORP	1,850
MNO CORP	2,500
PQR CORP	550
STU CORP	425
VWX CORP	350
YZZ CORP	575
1ST CO	555
2ND CO	933
3RD CO	975
4TH CO	125
5TH CO	28
6TH CO	290
7TH CO	390
8TH CO	599
9TH CO	47
KIDDIE INVESTMENTS	430
MULTI INVESTORS	1,789
TOTAL DIVIDENDS	16,596

**Statement Summary**  
SCHEDULE D SHORT TERM GAINS/LOSSES

**2004**  
STCGL

Name(s) shown on return

Identifying Number

TEST O OLYMPICS

400-00-7525

DESCRIPTION	ACQ	SOLD	PRICE	COST	GAIN/LOSS
ABC	20040125	20040131	5,000	2,000	3,000
DEF	20030324	20040205	10,000	3,000	7,000
GHI	20040228	20040506	10,000	9,000	1,000
JKL	20040429	20041117	7,000	4,000	3,000
MNO	20030523	20040505	15,000	13,000	2,000
STOCK OPTIONS	20031215	20041031 EXPIRED		1,325	(1,325)

TOTAL

14,675